## **SECTION SX: SISTER HISTORY**

Now I'd li	ke to ask you some questions about your sister[s].	
SCR	in your record that you have [# SISTERS FROM EENER] sister[s], living or deceased, with whom share at least one biological parent. Is this correct?	YES [SX2]
	SX1=YES, FILL SX1a WITH # OF SISTERS FROM ENR  a. How many sisters do you have, living or deceased, who share at least one biological parent with you?	**ROLLMENT DATA>  # OF SISTERS
<begin 1<="" td=""><td>REPEATING RECORDS - SISTER&gt;</td><td>π OI SISTERS</td></begin>	REPEATING RECORDS - SISTER>	π OI SISTERS
	se tell me your [oldest/next oldest] sister's first, last maiden name. [VERIFY SPELLING.]	FIRST NAME: LAST NAME: MAIDEN NAME:
SX3. QUE	ESTION DELETED	
SX4.	. QUESTION DELETED	
	t is your sister's date of birth? (If you don't know her full of birth, please give as much information as you can.)	MONTH DAY YEAR
SX6. Is [F.	TRST NAME] still living?	YES
	K ONLY IF SX6 = YES AND SX5-YEAR = DK; ELSE GO.  How old is she now?  [IF LESS THAN ONE YEAR OLD, ENTER AS "00"]	O TO SX10>  AGE <go sx10="" to=""></go>
SX8.	. What year did she die?	YEAR
< <b>AS</b> ]	K IF SX8 = DK> K ONLY IF SX6 = NO AND SX5-YEAR = DK; ELSE GO . How old was she when she died?	TO SX10>  AGE
SX10. [ <i>Is/</i>	Was] she your full sister or half sister?	FULL[SX12]

same biological father? [IF R SAYS SHE AND HER SISTER SHARE THE SAME MOTHER AND FATHER GO BACK TO SX10 AND CHANGE RESPONSE TO "FULL" SISTER.]	SAME FAT	THER	
<begin cancer="" histor<="" records="" repeating="" sister="" th="" –=""><th>RY&gt;</th><th></th><th></th></begin>	RY>		
SX12. <first occurrence:=""></first>			
[Has/Was] [FIRST NAME] ever [been] diagnosed with any			
type of cancer?		[SX20]	
<all occurrences:="" other=""></all>		[SX20]	
Were there any other times she was diagnosed with cancer?	DK	[SX20]	8
SX13. What type or types of cancer did she have			
at the time of her [ <i>first/next</i> ] diagnosis?	BASAL CE	BASAL CELL CARCINOMA	
[CHECK ALL THAT APPLY]	BLADDER		1
[IF R ANSWERS "SKIN CANCER," PROBE:	BLOOD		1
Was this melanoma or non-melanoma skin	BOWEL		1
cancer?]	BRAIN		1
[IF R GIVES A CLINICAL RESPONSE, THAT			
DOES NOT MATCH A CATEGORY AND IS	CERVIX, C	CERVICAL	1
NOT A PART OF THE BODY, PROBE: "What		COLON, COLORECTAL	
specific part of the body did this cancer affect?"]		TRIAL	
		'S DISEASE	
		E, INTESTINAL	
		A	
		LYMPH NODES 1	
		/IA	
		MA SKIN CANCER	
		NON-MELANOMA SKIN CANCER	
	`	LE: BASAL OR	
		OUS CELL CARCINON	
		GKIN'S LYMPHOMA	
		VARIAN	
		RECTAL	
		JS CELL CARCINOM	
	UTERUS, U	JTERINE	I
	OTHERI S	PECIFY:	l
	OTHER2 S	PECIFY:PECIFY:PECIFY:	l
	OTHER3 S	PECIFY:	— <sup>1</sup>
<ask carcinoma<br="" cell="" if="" only="" sx13="BASAL">CARCINOMA; ELSE GO TO SX14&gt;</ask>	OR SQUAMO	OUS CELL	
SX13a. Was this (basal cell/squamous cell) skin cancer?	YES		1
( ( out squamess out) suit vallest.	NO		2

SX14. Where did the cancer begin? [IF SISTER HAD	BASAL CELL CARCINOMA 01
"METASTATIC CANCER AND DOES NOT KNOW	BLADDER02
WHERE IT STARTED, CODE AS "OTHER"	BLOOD
	BOWEL
AND REMARK.]	
[IF SISTER WAS TOLD BY DOCTOR THAT THE	BRAIN
CANCER STARTED IN TWO OR MORE (PRIMARY)	BREAST
SITES AT THE SAME TIME, CODE AS "OTHER"	CERVIX, CERVICAL
AND SPECIFY "MULTIPLE PRIMARIES OF	COLON, COLORECTAL
UNDETERMINED ORIGIN."]	ENDOMETRIAL
	HODGKIN'S DISEASE10
	INTESTINE, INTESTINAL11
	LEUKEMIA12
	LUNG13
	LYMPH NODES14
	LYMPHOMA15
	MELANOMA SKIN CANCER 16
	NON-MELANOMA SKIN CANCER
	(EXAMPLE : BASAL OR
	SQUAMOUS CELL
	CARCINOMA)17
	NON-HODGKIN'S LYMPHOMA 18
	OVARY, OVARIAN19
	RECTUM, RECTAL20
	SQUAMOUS CELL CARCINOMA 21
	UTERUS, UTERINE
	OTHER
	SPECIFY:
SX15. How old was she at the time of this diagnosis?	
[IF LESS THAN ONE YEAR OLD, ENTER AS "00"]	L CF
<ask if="" only="" or="" rf="" sx15="DK"></ask>	AGE
SX15a. Was she in her	teens01
STITULE WAS SHOTH HOLL.	20s
	30s
	40s
	50s
	60s
	80s
	90 or older09
<ask cancer="" if="" only="" sx13="BREAST" sx16-sx19=""></ask>	
SX16. Was the cancer found in her left breast, her right	LEFT BREAST
breast, or both breasts?	RIGHT BREAST
,	BOTH BREASTS
	ONE BREAST, DK WHICH SIDE4

SX17x	There are different types of breast cancer. I am going to read a list. Please tell me if your sister was diagnosed with any of these types. [ADD REMARK AND NOTE ANY COMMENT GIVEN ON DIAGNOSIS.] [CHECK ALL THAT APPLY.]	ductal carcinoma in situ (DCIS)
SX18.	Was the breast cancer estrogen receptor positive, or "ER positive"?	YES
SX19.	Was the breast cancer progesterone receptor positive, or "PR positive"?	YES
<end rep<="" td=""><td>EATING RECORDS – SISTER CANCER HISTORY</td><td>Y&gt;</td></end>	EATING RECORDS – SISTER CANCER HISTORY	Y>
SX20. [Bef [Has	Y IF SISTER'S CURRENT AGE OR AGE AT DEA fore her (first) diagnosis of breast cancer, had/did] s/Did] [FIRST NAME]'s menstrual periods opped/stop] permanently?	TH IS ≥ 30>       1         YES       1         NO       [*]       2         CURRENTLY GOING THROUGH       MENOPAUSE [*]       6         REF       [*]       7         DK       [*]       8
<* GO TO	SX22x1 OR NEXT SISTER OR NEXT SECTION>	
SX21.	Did her periods stop due to	a natural menopause
SX22.	At about what age did [she go through menopause/ she have her uterus or ovaries removed /she undergo radiation or chemotherapy that stopped her periods permanently]? [IF R GIVES A RANGE OF AGES, RECORD THE OLDEST AGE.]	AGE <next next="" or="" section:<="" sister="" td=""></next>
	ONLY IF SX13 = BREAST CANCER> 1. Did your sister's breast cancer treatment cause her periods to stop permanently? (This may include radiation, chemotherapy, Tamoxifen, or other treatments.)	YES
	SX22x2. At about what age did her periods stop due to breast cancer treatment?	L AGE

<END REPEATING RECORDS – SISTER>